

78
245-01

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | <i>[Signature]</i> | <i>1/30</i> |
| FORMALITY REVIEW | <i>E.T.</i> | <i>926</i> | <i>02-15-01</i> |
| RESPONSE FORMALITY REVIEW | <i>TZ</i> | <i>947</i> | <i>02/27/01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 :- Restricted O Objected

| Claim | Date |
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| Final | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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1-27-01
102-27-01